

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of In (mm/dd/y				
Kifleo	Bis	tr•			3/4	120			
_		s (nu	mber and street, city, state, zip code)	מוער זפר לפר	3/4/	/20			
214 Yo	<u>~1 57.</u>		New Albang, IN 47150	812 784 7419	Follow-u	n Release Date			
Owner	м		15.4 4.164	Purpose:	YES	5 7			
Saera Morones / Southern Hospitality Owner's Address				1. Routine	•				
Owner s ric	141 035			2. Follow-up	Summary	of Violations:			
Person in C	harge		/ -	3. Complaint		NG P			
Laven	Meran	L1 .	Yshi Bass	4. Pre-Operational	E	_ NC R			
Responsible	, , _		il	5. Temporary	Menu Ty	pe (See back of page)			
				6. HACCP					
Certified Fo	od Manag	er		Other (list)	12	<u>3 × 45</u>			
W:1\	me 90	<u>d</u>	mys from permitting to obtain	balkthough					
• CRITICAL	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VALOU ATION(S) DEPENDED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SHIMMARY OF VIOLATIONS" AND IN THE NARRATIVE RELOW AS "R"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"									
Section#	C/NC	R	Narrat			To Be Corrected By			
			Observed establishment in early-s	lages of build-out					
	Discussed multiple concepts and ideas including:								
	1) Complete isolation of early and confe								
	e) No direct entrance from conte to cost away								
	3) South presentation upon enturing (50 mins / 10 min clean-p)								
	- hand washing - lint rollers - no edible Food disher only								
	4) No find in cut room / limited to disposable herrouges								
	- must thru away and property much hands / rull clothes								
	5) Cat was will have suprante ratione for all cuts.								
				will have separate introve for all costs,					
			supplies, wask, at						
	r. 1.1								
	certities volunteurs and for cost room salt a unphysis								
	>) Meno will be a fraited Type 3 ("Level up Bakery")								
			P) Advised owers are on determine	-7 milliple CFM'S					
			Demenor and granuting procedure	5					
)	Certified religious in cot area (cot area will have Certified religious and or "cot ran saly a unphysics" ") Mus will be a limited Type 3 ("Limit by Bakery") ") Advised owers are on detaining meltiple CFM's ") Denemor and quantity procedures Received by (name and title printed): A.J. Ingram (EHS)								
Received by (signature): Inspected by (signature):									
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cc:			cc:		cc:				
			<u>. </u>						